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PATENT APPLICATION FEE DETERMINATION RECORD

Safety tips for Form PTO-875

Annotations of Doctor Notes

191269451

2000-2001
2001-2002

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (27 CFR 1.16(d))		
TOTAL CLAIMS (27 CFR 1.16(d))	00000 28 •	•
INDEPENDENT CLAIMS (27 CFR 1.16(d))	00000 3 •	•
MULTIPLE DEPENDENT CLAIM PRESENT		(27 CFR 1.16(d))

SMALL ENTITY	
RATE	FEES
<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>

OTHER THAN SMALL ENTITY		
OR	RATE	FEES
OR		
OR	X \$ <u> </u> =	
OR	X \$ <u> </u> =	
OR	+ \$ <u> </u> =	
OR		TOTAL

* If the difference in column 1 is less than zero, enter 'V' in column 2.

CLAIMS AS AMENDED - PART D

(Column 1)		(Column 2)		(Column 3)	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total of 691 lines	6	Minus	156	—	—
Independent of 691 lines	3	Minus	60	—	—

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
X \$ <u> </u> =	
TOTAL	ADDITIONAL FEE

OTHER THAN SMALL ENTITY		
	RATE	ADDITIONAL FEE
OR	X \$ <u>5</u>	<u>0</u>
OR	X \$ <u>5</u>	<u>0</u>
OR	X \$ <u>5</u>	<u>0</u>
OR	X \$ <u>5</u>	<u>0</u>
	TOTAL	
OR	ADDITIONAL FEE	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total OF CFS LINES	5	Minus	154
Independent OF CFS LINES	3	Minus	6	—

RATE	ADDITIONAL FEE
X \$ <input type="text"/>	<input type="text"/>
X \$ <input type="text"/>	<input type="text"/>
X \$ <input type="text"/>	<input type="text"/>
TOTAL ADD'L FEE	<input type="text"/>

	RATE	ADDITIONAL FEE
OR	\$ 8.00	
OR	\$ 8.00	
OR	\$ 8.00	
OR		
	TOTAL	
	ADDT'L FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
7/14/00	Total 57 CFA LINES	60	Minus	1546	•	
	Subsequent 57 CFA LINES	3	Minus	6	•	

RATE	ADDITIONAL FEE
X \$	
X \$	-
+\$	+
TOTAL ADDL FEE	

	RATE	ADDITIONAL FEE
OR	X 6	-
OR	X 6	-
OR	X 6	-
	TOTAL	
OR	ADDITIONAL FEE	

- If the entry in column 1 is less than the entry in column 2, write "1" in column 3.
- If the "Dishant Number Previously Paid For" in THIS SPACE is less than 20, enter "20".

THE THREE MEMBER PARTIES PLEDGE IN THIS SPACE IN HOW THEY WANT TO USE IT.

The Medical Member Benefits Policy Form (Form 81) is available in the Member Benefits section.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEE 37 CFR 1.6(a).

If you need assistance in completing the form, call 1-800-270-2123 and select option 2.